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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.135(a)		Examiner Number (Optional) 53361-074										
<p>In re Application of <u>James M. BRUGGER et al.</u>          Application Number 10/041,949 Filed January 7, 2002          For SYSTEMS AND METHODS FOR PERFORMING BLOOD PROCESSING</p>												
Art Unit 3762		Examiner <u>Patricia Blanco</u>										
<p>This is a request under the provisions of 37 CFR 1.135(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ <u>110.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefrom, the fee amount shown above is reduced by one-half, and the resulting fee is: <u>5</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card, Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, in Deposit Account Number <u>18-2800</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record, Registration Number <u>53,328</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).          Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>April 21, 2004</p> <p><u>Alexander Miltirov</u>          Alexander Miltirov, Patent Agent</p> <p>212.959.3000</p> <p>Telephone Number</p> <p>Typed or printed name</p> <p><b>NOTE:</b> Signatures of all the inventors and assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required &gt; a date.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____											

This collection of information is required by 37 CFR 1.14(a). The information is required to obtain or retain a benefit by the person who is in the band by the USPTO to process an application. Confidentiality is assured by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and certifying the completed application form to the USPTO. Time will vary depending on the individual case. Any comments or remarks in this time will be handled on a timely basis. Requests for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. 6 END TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in translating the form, call 1-800-ETTD-9199 and select option 2.

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